

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/603049 FILING DATE

APPLICANT(S)

12/28/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

51	1					
52	1					
53	1					
54	1					
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100						
TOTAL IND.	2					
TOTAL DEP.	15					
TOTAL CLAIMS	17					